

Recv'd by:

Ponca Tribe of Oklahoma

121 White Eagle Drive ♦ Ponca City, Oklahoma 74601 ♦ 580-763-0120

PONCA TRIBE JOM PROGRAM APPLICATION

All information requested is voluntary, however, failure to complete all applicable parts may result in a delay of processing or a denial of services due to incomplete information needed to make a determination of eligibility.

Last	First		Middle	
Name:				
School Grade:	Date of Birth:		Age:	Sex: Male Female
Name of School:			Last four digits of Social Security Number:	
Student Mailing Address:		City	State	Zip Code
Tribal Affiliation:	CDIB Card (Please Attach Ca	ard):	Degree of Blood:	Phone Number:
Parent/Guardian Name (Please Print):			Parent/Guardian Phone Number:	
PLEASE CHECK THAT THE FOLLOWING HAVE BEEN ATTACHED TO THIS APPLICATION: CDIB of student based on tribal membership enrollment (Please provide a Copy of CDIB) School Verification of JOM Student (class schedule or a school letter verifying enrollment of JOM student) Services: (Check one the JOM student is applying for)				
11			Other:	
Receipt attached? \Box Yes \Box No Amo		ount: \$		
Parent/Guardian Signature:				
For Ponca Tribe JOM Office Use Only				

Date:_

CDIB provided? □Yes □No